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SUBJECT: SRI LANKA: STATUS OF FIELD HOSPITAL REQUEST AND USG HEALTH ASSISTANCE

11. SUMMARY: Following several weeks of discussion with Ministry of Health (MOH) and other Government of Sri Lanka (GSL) officials, the US Government (USG) for a variety of reasons has decided not to provide a field hospital in the conflict-affected North. Key factors considered included rapidly enhanced MOH capabilities on the ground, the expansion of the network of hospitals that IDP populations can access, an increase in the number of health actors with access, and a changing ground reality with regard to medical needs. The USG has provided a robust response in the health sector with plans to provide \$1.6 million in-kind supplies and medicines. End Summary.

#### The Situation

12. When the initial influx of IDPs commenced on April 20, we recognized the immediate need to enhance medical facilities to serve them. In response, USAID's Office of Foreign Disaster Assistance (OFDA) negotiated a grant with the International Organization for Migration (IOM) to rapidly deploy 10 large primary health care units next to IDP populations. Each unit has the capacity to provide diagnosis, emergency care, and health education for 10,000 patients and to refer and transport more critical patients to hospitals through three ambulances. Prior to this intervention, OFDA had provided the MOH with five WHO health kits, each with enough medicines and supplies to assist 50,000 people. The kits are now being used in MOH-run medical facilities. The value of the two projects is \$960,000.

13. On April 25, after several weeks of discussion, the Minister of Health, Nimal de Silva, met with USAID officials and asked that the USG provide two field hospitals for the North. He said that the MOH was amenable to the U.S. military providing personnel along with the hospitals, as long as they were not in uniform. On April 29, Embassy received a formal request from the Secretary in the Ministry of Health, Dr. Athula Kahandaliyanage, stating the request had the endorsement of the Office of the President. Embassy noted that the Ministry of Health letter stated that "Ministry of Health would provide personnel to the hospitals," and requested "names of accompanying technical personnel to install the hospitals." This language indicated that the deployment of U.S. medical personnel

still had to be negotiated and clarified with the Sri Lankan Ministries of Health and Defense. When the Charge raised this issue with the Minister of Foreign Affairs and the Presidential Secretariat, he was assured that there was no issue with non-uniformed military personnel, but we would receive nothing further in writing.

¶4. Simultaneous to these discussions, USG officials had undertaken to assess existing medical needs as the situation in the North evolved. Through field assessments and conversations with health actors, the USG learned that MOH capacity had improved significantly vastly in terms of staff and facilities: Doctors and nurses from all over the country were sent to the North, IDPs now have access to 14 hospitals, the MOH has set up a 10,000 square foot dome hospital in the most populated zone of IDP camps in Vavuniya, and several hospitals and clinics have been augmented with wards and beds. The USG further understood that the long-negotiated Norwegian Red Cross and Medecins Sans Frontieres (MSF, or Doctors Without Borders) France field hospitals and staff were being allowed into the country, in both Mannar and Cheddikulam respectively, and that MSF Holland staff and equipment were being allowed in to augment hospitals. Beds were therefore being increased, as were equipment, staff, and surgical capacity. These two field hospitals were in addition to field hospitals, with military medical support personnel, provided by the governments of India and France.

#### The Agreement

¶5. On May 10, USG officials met with MOH officials, including Minister de Silva and Secretary Kahandaliyanage. During the meeting, MOH officials said that the realities and consequent needs on the ground had changed, and that they would prefer that the USG

provide a long term hospital focused on obstetrics and pediatrics. The USG officials responded that providing such a hospital would probably not be possible at this time and suggested that the USG continue to provide assistance in upgrading the water, sanitation and hygiene (WASH) conditions at the camps. Minister de Silva responded that improving the WASH conditions could solve "90 percent of our problems," and agreed with the recommendation. The USG representatives further advised that they would be willing to consider the provision of the \$1.6 million in-kind request for medicines and medical supplies made by the MOH earlier. (Note: USPACOM has identified \$1.6 million worth of excess medical goods that they could provide). The MOH officials agreed with this, saying that they would be willing and able to waive any taxes associated with bringing the goods into Sri Lanka.

¶6. On May 11, USAID sent a letter to the MOH summarizing the meeting and reaffirming our commitment to assist the MOH and GSL in humanitarian assistance efforts. We further stated that understanding the direct correlation between water, sanitation and hygiene with health, we would continue to focus our assistance in these sectors to mitigate disease outbreak.

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